UNITED STATES DISTRICT COURT FOR THE DISTRICT OF MASSACHUSETTS

CAREN BRITT,

Plaintiff

v.

CIVIL ACTION NO. 05-30197

S. RAY DERUSSE, and THE PRUDENTIAL INSURANCE COMPANY OF AMERICA.

Defendants

MEMORANDUM OF THE PRUDENTIAL INSURANCE COMPANY OF AMERICA IN SUPPORT OF ITS MOTION FOR LEAVE TO PAY INSURANCE PROCEEDS INTO COURT

Pursuant to Rule 7.1 of the Local Rules of the United States District Court for the District of Massachusetts, The Prudential Insurance Company of America ("Prudential") submits this memorandum of law in support of its motion for leave to pay the proceeds of a life insurance policy into Court.¹

INTRODUCTION

This is an action involving the proceeds to a life insurance policy. As a disinterested stakeholder, Prudential seeks the following relief: (1) to deposit with this Court the disputed proceeds of a life insurance policy and (2) to be dismissed with prejudice from this litigation. By way of this motion, Prudential seeks leave to pay the disputed insurance proceeds into Court. This Motion is unopposed.

¹ Counsel for Prudential hereby certifies that she has in good faith conferred with counsel for the plaintiff and co-defendant through correspondence and conversations and due to the request to pay the proceeds into Court by Prudential, Court action is required. This Motion is Unopposed. Counsel for Prudential certifies that she has complied with the provisions of Local Rule 7.1 (A)(2).

PROCEDURAL HISTORY

Plaintiff filed this Complaint in Hampden Superior Court on or about August 15, 2005. Defendant, Veterans Group Life Insurance and The Prudential Insurance Company of America removed this matter to the instant Court on or about September 2, 2005. The Prudential Insurance Company of America filed its Answer to the Complaint on or about September 9, 2005. Defendant, S. Ray DeRusse filed his Answer to the Complaint on or about September 12, 2005. Defendant, VGLI, was voluntarily dismissed from this action on September 15, 2005. This Motion followed.

STATEMENT OF FACTS

Prudential is a corporation organized under the laws of the State of New Jersey and it is duly authorized to do business in the Commonwealth of Massachusetts. Answer of Prudential ¶

4. This action involves the proceeds of life insurance policy issued by Veterans Group Life Insurance, a division of Prudential, to its deceased insured, Robert H. Stewart ("Stewart").

Prudential's deceased insured was a veteran. He was afforded life insurance coverage from Prudential through Veterans Group Life Insurance under VGLI Policy No.G-32000² (also known as Policy No. 026-40-423, which was Mr. Stewart's Social Security Number) (hereinafter referred to as the "Policy"). A true and accurate copy of the Application is attached hereto as Exhibit A. Stewart was insured under the Policy for \$50,000 in life coverage. Exhibit A. The Policy's death benefit, plus any applicable interest thereon are referred to throughout as the "Proceeds."

² The Policy Holder is the Department of Veteran Affairs.

Stewart died of cardiopulmonary arrest and coronary artery disease on or about May 18, 2005. See Exhibit A to the Plaintiff's Complaint; See Also, Complaint ¶ 5. At the time of Stewart's death, Prudential's records indicate that Co-defendant, S. Ray DeRusse was the designated beneficiary of the proceeds. A true and accurate copy of the Beneficiary Designation Form is attached hereto as Exhibit B; A true and accurate copy of the letter from the Office of Servicemembers' Group Life Insurance to S. Ray DeRusse, dated June 13, 2005, is attached hereto as Exhibit C. After the death of Stewart, Prudential was informed by Plaintiff, Caren Britt, that she believed that she was the proper beneficiary of the proceeds. A true and accurate copy of the correspondence received by Prudential from Plaintiff, prior to litigation being instituted, is attached hereto as Exhibit D. Subsequently, Britt filed a claim for the proceeds and then instituted litigation. See Exhibit D, Complaint. Co-defendant, S. Ray DeRusse, also filed a claim for the proceeds. A true and accurate copy of the claim filed by DeRusse and other related correspondence from DeRusse is attached hereto as Exhibit E. Prudential, through the Office of Servicemembers' Group Life Insurance, fielded several calls from both the Plaintiff, directly and through her husband and attorneys, and co-Defendant regarding the proceeds. A true and accurate copy of the telephone call logs referencing contact with Plaintiff and Co-defendant maintained by Prudential is attached hereto as Exhibit F.

In filing a Group Life Insurance Claim form, the co-defendant has evinced an entitlement to the Proceeds. The Plaintiff, by making a formal demand for the proceeds and instituting this litigation, has also made a claim to the same proceeds. Thus, there are conflicting claims to the Proceeds. Exhibit E, Complaint ¶ 13, 18.

Prudential is merely a disinterest stakeholder in this action inasmuch as it claims

no interest in Proceeds, and admits that the Proceeds are due and owing to someone. Prudential hereby offers to and is ready to deposit the Proceeds with the Court upon the entry of an appropriate Order.

ARGUMENT

I. This Court Possesses Subject Matter Jurisdiction.

As this matter involves the proceeds of the life insurance policy issued pursuant to The Veterans' Insurance Act of 1974, this Court has subject matter jurisdiction over this dispute. In particular, the Plaintiff's claims regarding the proceeds of a life insurance policy issued by the Veterans' Group Life Insurance present federal questions because they raise express or implied causes of action under the Constitution, federal statute, or international treaty. Specifically, the life insurance policy at issue is governed by the Veterans' Insurance Act of 1974, May 24, 1974, P.L. 93-289, amended August 6, 1991, 38 U.S.C. §§ 1965 et seq.

Prudential's Insured, Robert Stewart, was insured based on his status as a veteran under the Policy issued pursuant to 38 U.S.C. §§ 1965 et seq. Therefore, this Court has subject matter jurisdiction.

II. Because Prudential Is Or May Be Subject To Double Or Multiple Liability It Is Entitled To Pay the Proceeds Into Court and Be Dismissed from this Action.

Plaintiff's filing of the instant action is a clear indication of competing claimants to the life insurance proceeds. Thus, Prudential, if it pays the proceeds out to one of the adverse claimants, could be liable to the other claimant. In the absence of bad faith on the part of the stakeholder, or the possibility that the stakeholder is independently liable discharge should be readily granted. New York Life Ins. Co. v. Connecticut Dev. Auth., 700 F.2d 91, 94 (2nd Cir.

1983). As such, Prudential should be permitted to pay the proceeds into Court to assist this Court in making a determination as to who is the rightful beneficiary of the proceeds.

In this action Prudential seeks only to pay the Proceeds into Court, and have the Court decide who the correct beneficiary of the Proceeds is. Neither the Plaintiff nor the co-Defendant alleges that Prudential is independently liable to them, nor is there any evidence to support such a claim. It is not for Prudential to determine who receives the Proceeds given the competing claimants.

Prudential agrees that the Proceeds are due and owing to someone, but it cannot determine on its own who receives the correct amount of the Proceeds. Based on the foregoing, there is no just reason to delay depositing the Proceeds into the Court's registry. Moreover, paying the Proceeds into Court will serve to narrow the matters in dispute between the parties. Narrowing the matters in dispute will serve to help secure a just, speedy, and inexpensive determination of this action.

CONCLUSION

WHEREFORE, the Prudential Life Insurance Company of America respectfully requests that the Court issue an Order:

- a) Allowing Prudential to pay the disputed life insurance proceeds into Court;
- b) Extinguishing with finality all claims that the Plaintiff has against Prudential upon Prudential's payment of the Proceeds into Court;
- c) Restraining the Plaintiff and Co-Defendant, DeRusse, from instituting or prosecuting, in any other state or federal court, any proceeding against Prudential with respect to the Proceeds;
- d) That upon Prudential's deposit of the Proceeds with the Court, Prudential will be discharged from any liability in this action.

Respectfully submitted,

THE PRUDENTIAL INSURANCE COMPANY OF AMERICA,

By Its Attorneys,

/s/ Carey L. Bertrand William T. Bogaert, BBO # 546321 Carey L. Bertrand, BBO# 650496 Wilson, Elser, Moskowitz, Edelman & Dicker, LLP 155 Federal Street Boston, MA 02110 (617) 422-5300

Dated: September 16, 2005

CERTIFICATE OF SERVICE

I, Carey L. Bertrand, do hereby certify that I have served a true copy of the foregoing document on counsel of record by first class mail, postage prepaid on this 16th day of September 2005.

> /s/ Carey L. Bertrand Carey Bertrand

EXHIBIT A

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MAIL APPLICATION TODAY :: WITH YOUR INITIAL PREMIUM PAYMENT IN ENCLOSED POSTAGE PAID VETERANS BENEFIT ENVELOPE.
THIS VETERANS BENEFITIES AUTHORIZED BY CONGRESS.

OVER |

EXHIBIT B

BENEFICIARY DESIGNATION FORM

VETERANS GROUP LIFE INSURANCE (VOLU) & SERVICEMEN'S GROUP LIFE INSURANCE (SGLI) FOR RETIRED RESERVISTS RETURN COMPLETED SET TO: OFFICE OF SERVICEMEN'S GROUP 213 Washington Street Newark, New Jersey 07 02-2999 LIFE INSURANCE SENEFICIARY

No designation of beneficiary and optional settlement 38 USC 1970 and 1977(d) INSURED'S IDENTIFYING INFORMATION TA NAME OF INSURED AND MAILING ADDRESS FOR INSURANCE PURPOSES (Type or print) IC. SOCIAL SECURITY NUMBER ... 026- 40- 423 H. STEWART 10, TELEPHONE NUMBER DAYTIME: 5) 2, 472 6202 2000 ROUNTREE DR. OR HOME 512,476 9094 1E. TYPE OF COVERAGE; 18 IS THIS A CHANGE OF ADDRESS FOR YOUR INSURANCE RECORDS? L NO SGU (M) IMPORTANT: The purpose of this form is for you to choose who you want the proceeds of your VGLUSGU insurance to go to when you die. By signing this form, you are cancelling any prior designations or payment instructions you have made. There is detailed information on the reverse side. You should read all the information and instructions carefully before titing out any portion of this form. All entries, except your handwritten signature, are to be typed or printed in ink. The purpose of this form is also for you to designate how you want the proceeds to be paid. Settlement is made EITHER in a lump sum or 36 equal monthly installments at the option of the beneficiary. However, it you insert "38" under Payments to Beneficiary, your beneficiary will be restricted to receiving the insurance in installments. If you do not designate "36", payment will be made in a tump sum unless the beneficiary chooses otherwise. PRINCIPAL BENEFICIARY(IES) AND PAYKS YT TO PRINCIPAL BENEFICIARY(IES) I DESIGNATE THE FOLLOWING BENEFICIAL 'ES) TO RECEIVE MY INSURANCE PROCEEDS WHEN I DIE. If I is I move than one beneficiary I must indicate a share (percentage) or a dollar (5) amount I want each to receive. The total shares or dollar amounts must equal 100% of my insurance. The share of any principal beneficiary who dies before min shall be distributed equally among the surviving principal beneficianes. PAYMENT OPTIONS SHARES OR & AMOUNT TO EACH PRINCIPAL SOCIAL SECURITY LUMP SUM OR 36-22 EQUAL MONTHLY COMPLETE NAME AND ADDRESS OF EACH RELATIONSHIP TO INSURED NUMBER I known BENEFICIARY (first, middle and lest name) BENEFICIARY 1. 1. CONTINGENT BENEFICIARY(IES) AND PAYM . "T TO CONTINGENT BENEFICIAL" (IES) DESIGNATE THE FOLLOWING BENEFICIARY(IES) TO RECEIVE MY INSURANCE "COCEERS IN THE EVENT ALL OF MY PRINCIPAL BENEFICIARIES LISTED ABOVE HAVE DIED BEFORE ME, OR BEFORE THE COMPLETION OF INSTALLMENT PAYMENTS TO ANY OF THE PRINCIPAL BENEFICIARIES. If I list more than one beneficiary I must indicate a share (percentage) or a dollar amount I would each to receive. The total shares or \$ amounts must equal 100% of my insurance PAYMENT OPTIONS: LUMP SUM OR 36 EQUAL MONTHLY SHARES OR S AMOUNT TO EACH PRINCIPAL SECURITY OMPLETE NAME AND ADDRESS OF EACH RELATIONSHIP TO INSURED ALMER I MOUN CONTINGENT (SECOND) BENEFICIARY BENEFICIARY 4. PAYMENT UNDER THE PROVISION OF THE LAW (BY LAW). IF YOU HAVE COMPLETED 2 AND/ON 3 ABOVE DO NOT COMPLETE THIS SECTION. If I elect "BY LAW" or I have failed to designate any principal or contingent beneficiaries, I acknowledge that the proceeds of my SGLIVGU insurance will be distributed under the provisions of the law (38 USC 1970), which means it will go to my widow or widower and if I have more, to my child or children in equal shares, with the share of any deceased child being distributed among the deceaters of that child, and if none, to my parents in equal shares or to the survivor, and if none, to a duty accondited executor or administrator of my executor or administrator or administrator or administrator or administrator or administrator or if none, to a duly appointed executor or administrator of my estate and if none, to other next of kin. pe or Print the words "BY LAW, and initial (your lightigle) Your logal signature (in ink) is required in #5 belo DO NOT WRITE 'H SPACE BELOW I OR OSGLI USE ONL' DATE RECORDED SIGNATURE OF OSGU HEPRESENTATIVE RETURN COMPLETED SET TO: OSGLI 213 WASHINGTON STREET NEWARK, NEW JERSEY 07102-2998

FORM SGLV-8721

SUPERSEDES AND REPLACES FORM SGLV-8721, JULY 1991, WHICH WILL NOT BE USED. (Page 2 will be returned to you after recording by OSGLI)

Page One

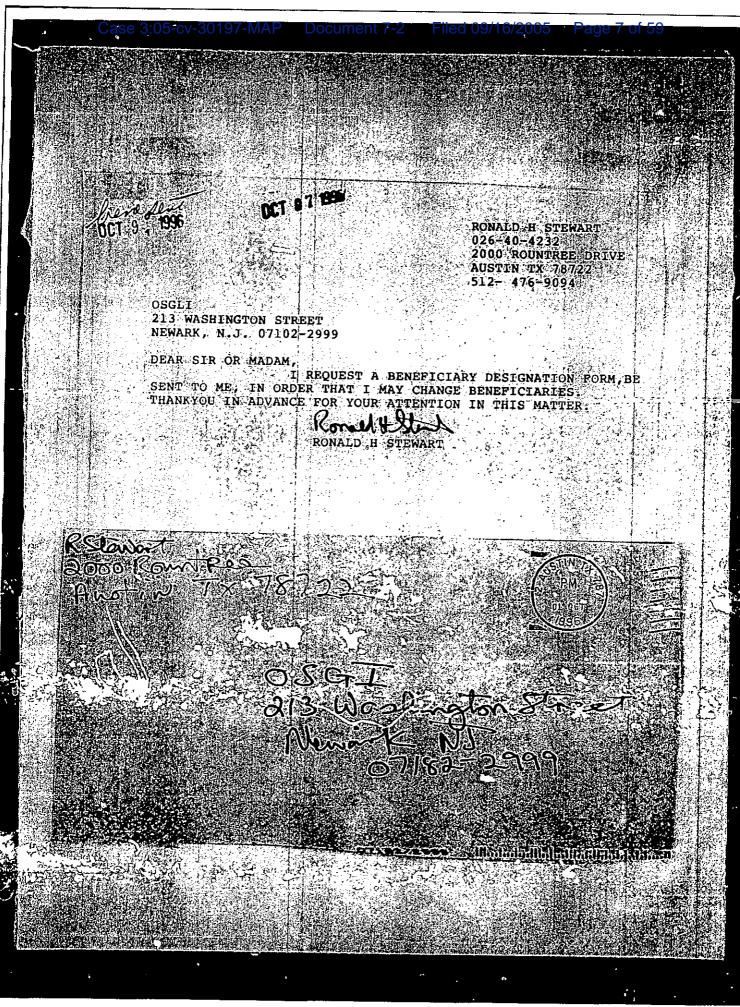


EXHIBIT C



OFFICE OF SERVICEMEMBERS' GROUP LIFE INSURANCE

290 W. Mount Pleasant Avenue, Livingston, NJ 07039-2747

800-419-1473 (US, Puerto Rico, St. Thomas, St. Croix, Canada), 973-548-5699 (Other) Fax Numbers: 800-236-6142, 877-832-4943 (Claims), 973-548-5300 (Overseas) www.insurance.va.gov

June 13, 2005

S RAY DE RUSSE 2917 LIPSCOMB ST FORT WORTH TX 76110

Re: 10618686

Dear Mr. De Russe:

In this letter we will explain what you must do to file a claim for death benefits under Ronald Stewart's Veterans Group Life Insurance (VGLI). We will also tell you about free personal financial counseling that is provided to VGLI beneficiaries.

As of May 18, 2005 Ronald Stewart was insured for \$50,000.00 under VGLI. He designated you as the beneficiary, and specified that you are to receive the full benefit amount of \$50,000.00.

How Your Benefit is Paid

As indicated in section IV of the Claim Form, there are two options:

(A) Lump Sum - We will deposit the full benefit into Prudential's Alliance Account® in your name. The Alliance Account offers the following features:

A personal interest-bearing account giving you full access to your money.

To use the account, simply write a check for the amount you would like to withdraw. The minimum withdrawal is \$250.

You may write out one check for the entire amount and close the account, or you may write checks, as you need the money. You will continue to earn interest on any balance you maintain in the account.

(B) 36 Monthly Installments - the benefit will be sent to you in 36 equal monthly installments with the first payment due as of the date of death.

I have provided a postage-paid envelope for convenience. Also, please enclose a certified copy of the death certificate.

What You Should Do

In order to file a claim for the death benefit, you must complete items 1 through 10 and all of Part IV of the enclosed Claim for Death Benefits form (SGLV 8283).

Personal Financial Counseling

The Department of Veterans Affairs is offering free personal financial counseling to

beneficiaries of SGLI/VGLI policies. This service, known as Beneficiary Financial Counseling Services (BFCS) is provided through the services of a national firm of financial professionals. Their Certified Financial Planners and other financial professionals are experts in handling a wide range of financial situations and offering customized assistance to individuals like you. A brochure explaining this service will be sent to you once your insurance claim has been approved.

Further, Craig T Stewart, the insured's son logged a protest alleging that his father told him that he was the beneficiary on all of Mr. Stewart's life insurance. I have enclosed a copy of the letter sent to Craig for your reference. No payment will be made until we further hear from Craig. If no legal action is taken by July 14, 2005 we can proceed with payment to you.

If you have questions about this claim, please call me at (800) 419-1473, extension 3963, between 08:00 AM a.m. and 05:00 PM p.m. Eastern time, Monday through Friday. If you prefer, you can send me a fax at (877) 832-4943 or you can email me at osgli.claims@prudential.com.

Sincerely,

Maria Reis

Maria Reis Claims Examiner EXHIBIT D



File Complimentary **Fax Cover Sheet**

To: 1 AVY	INSURANCE	From: CAREN BRITT
Fax # (8) 8	32-4943	Phone # (4/3) 734-042 3 Urgent Confidential Confirm Receipt
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Stap 3 Copy Centers also offer these additional services:

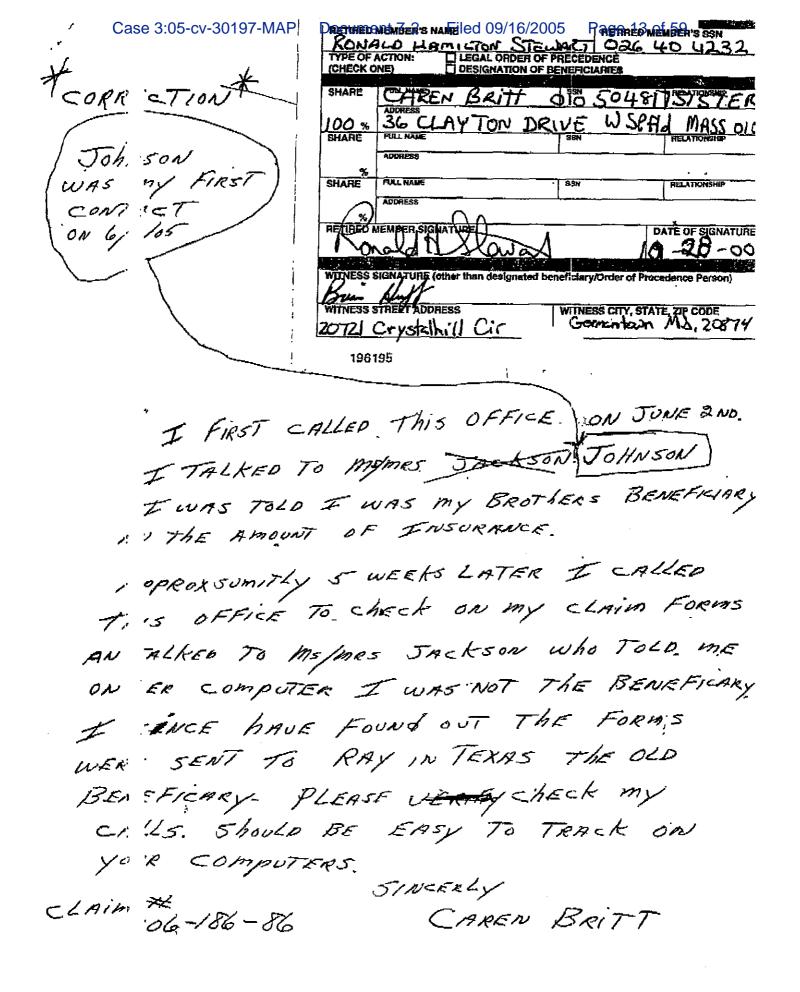
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- Custom Hecks & Forms
- Convenie t Self-Serve Copiers
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Complimentary Fax Cover Sheet

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Number of Pages: (Including Cover)	Reply Fax #:
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CLAIM FORMS SEA	UT TO WRONG BENEFICARY

Staples Copy Centers also offer these additional services:

- High Speed Black and White Copying
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196195

I FIRST CALLED This OFFICE ON JUNE 2ND.

I TALKED TO MAMMES JACKSON.

I WAS TOLD I WAS MY BROTHERS BENEFICIAR,

AN THE AMOUNT OF INSURANCE.

APPROXIONITLY 5 WEEKS LATER I CALLED

This OFFICE TO Check ON MY CLAIM FORMS

AN TALKED TO MIS MAS JACKSON WHO TOLD ME

ON HER COMPUTER I WAS NOT THE BENEFICAR,

I SENCE HAVE FOUND OUT THE FORMS

WERE SENT TO RAY IN TEXAS THE OLD

BENEFICARY PLEASE VIEWY CHECK MY

CALLS. Should BE EASY TO TRACK ON

YOUR COMPUTERS.

CLAIM # 106-186-86

SINCERLY CAREN BRITT My BROTHER WAS A GAYMAN. HE HAV A "L-"."

ABUSINE IN THIS RELATION SHIP. WHEN THE

RELATION SHIP ENDED IT WAS NOT ON GOOD TERMS.

MY BROTHER DESPISED THIS MAN. I KNOW MY

BROTHER WOULD NOT KNOWINGLY LEAVE RAY ANYTHIN

MY BROTHER RONNIE MADE HIS WISHES CLEAR

TO MYSELF + HIS STEPSON-GLEN WILSON.

THAT I WAS RONNIES BENEFICARY.

RONNIE CHANGED HIS BENEFICARY ON 10-18-200 WITH CLEULAND PAYROLL. MY BROTHERS HOMO SEXUAL EX. I'M TOLD IS RONNIES BENEFICARY ON LIFE INSURANT THIS TAKES ME BY SUPRISE THAT, THE NAVY BENEFICARIES NEED DIFFERENT FORMS FOR

EACH DEPT. (PAYROLL, LIFE, ECT.)

PLEASE SEND ME THE FORMS. THAT I NEED TO BRING ACTION ON THIS TO STOP RAY FROM GETTING RONNIES LIFE INSURANCE

Thank you

CAREN BRITT CARENSOUTH.
36 CLAYTON. DRIVE
WEST SPRINGFIELD, MA.

01089

Claim#106-186-86

Phane 1-413-734-0413

ANY ALTERATIONS IN SHADED AREAS RENDER FORM YOLD SAFEGUARD IT CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY 1 NAME (Last First Middle) 2 DEPARTMENT COMPONENT AND BRANCH STEWART, RONALD HAMILTON 3 SOCIAL SECURITY NO NAVY-USUR 4 a GRADE RATE OR RANK 40 | 4232 026 4 b PAY GRADE 5 DATE OF BIRTH (YYMMDD) ALL 6 RESERVE OBLIG TERM DATE E6 490210 7 a PLACE OF ENTRY INTO ACTIVE DUTY Year N/A Month 7 b HOME OF RECORD AT TIME OF ENTRY (City and state or complete Day JACKSONVILLE FL JACKSONVIILI FL 24 8 a LAST DUTY ASSIGNMENT AND MAJOR COMMAND 8 b STATION WHERE SEPARATED RAIMD NAS DALLAS TX PSD NAS DALLAS TX 9 COMMAND TO WHICH TRANSFERRED NAVAL RESERVE PERSONNEL CENTER NEW ORLEANS LA 10 SGLI COVERAGE None 70149 11 PRIMARY SPECIALTY (List number title and years and months in specialty. List additional specialty numbers and titles involving Amount \$ 100,000 12 RECORD OF SERVICE Year(s) Month(s) periods of one or more years) Day(s) a Date Entered AD This Period AE-7181-P3C INTEGRATED ELECTRICAL SYSTEM 89 MAR 10 b Separation Date This Period OMA SPECIALIST, 111RS, 02MCS/ 93 FE8 28 c Net Active Service This Period 03 Х 17 19 X d Total Prior Active Service X 16 01 X 13 X Total Prior Inac ve Service 03 X റാ Ω5 X X Х Foreign Service 00 00 X 00 g Sea Service 00 X X X I h Effective Date of Pay Grade | 82 MAY
13 DECORATIONS MEDALS BADGES CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service) 00 , , 16 FIFTH GOOD CONDUCT MLDAL FOR PERIOD ENDING 92JAN26/NATIONAL DEFENSE SERVICE MEDAL(2)/ARMED FORCES RESERVE MEDAL/ENLISTED AVIATION WARFARE SPECIALIST/MERITORIOUS UNIT COMMENDATION/ VILTNAM SERVICE MEDAL/VIETNAM CAMPAIGN MEDAL WITH DEVICE/NAVY ACHIEVEMENT MEDAL/ 14 MILITARY EDUCATION (Course title number of weeks and month and year completed) NONE THIS PERIOD/ Х X Х Х X Х X Х X x 15 MEMBER CONTRIBUTED TO POST VIETNAM ERA IS & HIGH SCHOOL GRADUATE OR Ye No 16 DAYS ACCRUED LEAVE PAID VETERANS EDUCATIONAL ASSISTANCE PROGRAM Yes EQUIVALENT X 4 5 17 MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION 18 REMARKS DISTRIBUTION OF DD 214 IAW NAVMILPERSCOMINST 1900 1B Ye No EFFECTIVE DATE OF TEMPORARY DISABILITY RETIREMENT X Х X X X X X X X X 中から 19 a MAILING ADDRESS AFTER SEPARATION (Include Zip Code)
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DD Form 214 NOV 88 S/N 0102 LF-006 5500 Previous editions are obsolete

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Case 3:05-cv-30197-MAP

RETIRED MEMBER S NAME

RETIRED MEMBER S NAME

RETIRED MEMBER S SSN

OAG 40 U232

TYPE OF ACTION LEGAL ORDER OF PRECEDENCE

(CHECK ONE) DESIGNATION OF BENEFICIARIES

BENEFICIARY INFORMATION DESIGNATION OF BENEFICIARIES

SHARE

COLLAMENT BRITT DISTRICT SSN

ADDRESS

TON DRIVE

CHREN BRITT
ADDRESS
36 CLAYTON I

100 / SHARE

ADDRESS

CERTIFICATE OF **INSURANCE FOR**



VETERANS GROUP LIFE INSURANCE

RONALD H STEWART 1505 SUNNYVALE ST #202 AUSTIN, TX 78741-2550

SSN 026-40-4232 INSURANCE AMOUNT \$50,000 ISSUE DATE 07/01/93 EXPIRY DATE 06/28/98 07/06-A-01427

This Certificate explains in general terms the rights and benefits available to you as the person insured for the Veterans Group Life Insurance described by this Certificate under the provisions of a Group Life Insurance policy purchased from a commercial life insurance company by the Department of Veterans Affairs in accordance with the provisions of Subchapter III of Chapter 19 Title 38 United States Code

The insurance for which you are insured under the Group Policy is term insurance. You cannot assign it to anyone. It builds no cash loan paid up or extended insurance values. You should not look upon it as a substitute for any other insurance you own or contemplate purchasing. Any Servicemen's Group Life insurance for which you were previously insured under the Group Policy will have terminated prior to the date this insurance takes effect. However, you may retain any other Government or private insurance while insured under the Group Policy Also it will not affect your rights to other veterans benefits

The Group Policy which provides the insurance referred to in this Certificate may be modified or terminated as may be required by any change in the Veterans Group Life Insurance provisions of Subchapter III of Chapter 19 Title 38 United States Code or for other reasons. Any such modification or termination, however, will not affect adversely any claim arising from death before the modification or termination

This Certificate summarizes the important provisions of the Group Policy for your information. It is NOT a contract of insurance. Your rights and benefits under the law and the Group Policy at any time are dependent upon the facts in your individual case

LIFE INSURANCE DEATH BENEFIT

The amount of your life insurance is payable if your death occurs while you are insured except as provided under

To receive payment of the life insurance your beneficiary (or survivor) must make claim to the Office of Servicemen's Group Life Insurance on the form provided by that Office Written proof of the claimant's right to payment must be furnished If any person otherwise entitled to payment fails to make claim within one year after your death or if payment to such person within that period is prohibited by Federal statute or radiation payment may be made in the order of precedence set forth under Beneficiary as if such person had died before you

If within two years after your death no claim has been made by any person entitled to payment payment may be made to a claimant who in the judgment of the Department of Veterans Affairs is equitably entitled thereto

FORFEITURE

Any person guilty of mutiny treason spying or desertion or who because of conscientious objections refused to perform service in the Armed Forces of the United States or refuses to wear the uniform of such force, shall forfeit all rights to the insurance. No insurance shall be payable for death inflicted as a lawful punishment for crime or for military or naval offense except when inflicted by an enemy of the United States

IMPORTANT NOTICE

No person may carry a combined amount of Servicemen's Group Life Insurance and Veterans Group Life insurance in excess of \$200,000 (the maximum amount of insurance allowed under the provisions of Subchapter III of Chapter 19, Title 38, United States Code)

SGLV 204B ED 12/92

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Department of Veterans Affairs				
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Ronald Hamilton Stewart	5-18-05	10	0%	
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If the beneficiary is a minor or incompetent, the person having his/her address in Item 10. If you are signing as the guardian or power of attorney	g custody of the bene or attorney in fact pl	eficiary should lease include a	l complete the factory of the co	orm and give urt appointment
P O Box 7208 Philadelphia PA	and Insurance Center			
NOTE If you prefer instead of mailing this form it	may be faxed to	1 888 748	5822	
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DEFENSE FINANCE AND ACCOUNTING SERVICE CLEVELAND CENTER P O BOX 998015 CLEVELAND OH 44199-8015

Jul 15 2005 15:48 P. 11

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ALLOTMENTS AND BOND	5		
ALLOTMENT TYPE	PAYEE	AMOUNT	
INSURANCE	VGLI	16.00	
ARREARS OF PAY BENE	FICUARY INFORK	(ATION	

THE FOLLOWING BENEFICIARIES ARE ON RECORD: SHARE 100.00% RELATIONSHIP CAREN BRITT SISTER

MESSAGE SECTION

DUE TO LEGISLATION, NEW FEDERAL WITHHOLDING TABLES HAVE REDUCED THE AMOUNT OF INCOME TAX WITHHELD. THIS REDUCTION WILL BE REFLECTED IN YOUR PAYMENT DATED FEBRUARY 1, 2002. THE REDUCTIONS IN TAX WITHHOLDING ARE DUE TO THE ADDITION OF A 10% TAX BRACKET AND A LOWERING OF THE TAXABLE INCOME THRESHOLDS FOR THE 15%, 27% AND HIGHER TAX BRACKETS. IF YOU DO NOT WANT TO HAVE THE AMOUNT OF YOUR WITHHOLDING REDUCED, YOU MAY WANT TO FILE A NEW FORM W-4. W-4 FORMS ARE AVAILABLE AT YOUR LOCAL LIBRARY, YOUR EMPLOYER, A LOCAL IRS OFFICE OR ON THE INTERNET UNDER FORMS AND INSTRUCTIONS AT HTTP://www.irs.treas.gov/FORMS-PUBS/INDEX.HTML. YOU MAY CLAIM FEWER WITHHOLDING ALLOWANCES ON THE W-4 ON LINE 5 OR REQUEST ADDITIONAL AMOUNTS TO BE WITHHELD ON LINE 6. YOU CAN SUBMIT YOUR NEW W-4 INFORMATION TO US EITHER BY:

1. MAILING US AT: DEFENSE FINANCE AND ACCOUNTING SERVICE

PO BOX 99191

CLEVELAND, OH 44199-1126

2. FAXING YOUR NEW W-4 TO US TOLL FREE 1-800-469-6559. COMMERCIAL 1-216-522-5237, OR 3. MAKING YOUR CHANGES USING THE EMPLOYEE/MEMBER SELF SERVICE (EMSS) WEBSITE AT HTTPS://EMSS.DFAS.MIL/EMSS.HTM OR BY CALLING TOLL FREE 1-877-363-3677. COMMERCIAL 1-478-757-3119.

DFAS-CL 7220/148 (REV 03-01) (BACK)

RETIREE ACCOUNT	STATEMEN					
STATEMENT EFFECTIVE DATE	e n	EW PAY DUE AS OF		SSN	;	
JAN 10, 20	JAN 10, 2002 FEB 01, 2002					232
PLEASE REMEMBER TO N 01000 47260 MAG PO1 RONALD 20721-C CRY GERMANTOWN	# HAMILTON STALHILL MD 20874	RZII TRAUTTS		DEFENSE FINANCE AND ACCOUNTING SERVICELEVELAND CENTER (CODE PRR) PO BOX 99191 CLEVELAND OH 44199-1126 COMMERCIAL (216) 522-5955 TOLL FREE 1-800-321-1080 TOLL FREE FAX 1-800-469-6559 EMPLOYFE MEMBER SELF SERVICE (E/M3S) https://emss.dfsc,mil/emss.html 1-877-DOD-EMSS (1-877-363-3677)		
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Filed 09/16/2005 Page 27 of 59

ALLOTMENT TYPE

PAYEE

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INSURANCE

VGL I

16.00

THE FOLLOWING BENEFICIARIES ARE ON RECORD:
NAME
CAREN BRITT SISTER

ON RECORD:
SHARE RELATIONSHIP
100.00% SISTER

THIS STATEMENT HAS BEEN REDESIGNED TO FIT ON AN $8.5\ \times\ 11$ INCH FORM TO REDUCE PRINTING COSTS AND MAKE THE FORM EASIER TO READ.

THE CHANGE IN YOUR ALLOTMENT AMOUNT REFLECTS THE VETERANS' GROUP LIFE INSURANCE PREMIUM RATE CHANGE THAT WAS EFFECTIVE JULY 9, 2001. IF YOU NEED MORE INFORMATION. CONTACT THE OFFICE OF SERVICEMEMBERS' GROUP LIFE INSURANCE AT 1 (800) 419-1473.

RASS8 FORM

DFAS-CL 7220/148 (REV 03-01) (BACK)

STEWA

STATEMENT EFFECTIVE DATE	NEW PAY DUE AS OF	SSN
NOV 07, 2001	DEC 03, 2001	026 40 4232
PLEASE REMEMBER TO NOTIFY DE	DEFENSE FINANCE AND ACCOUNTING SERVICE CLEVELAND CENTER (CODE PRE) PO BOX 99191 CLEVELAND OH 44199-1126	
PO1 RONALD HAMILT 20721-C CRYSTALHI GERMANTOWN MD 20	ON STEWART USN RET LL CR 1874-3948	COMMERCIAL (216) 522-5955 TOLL FREE 1-800-321-1080 TOLL FREE FAX 1-600-469-6559 EMPLOYEE MEMBER SELF SERVICE (E/MSS) https://smss.dfsc.msi/enes.html 1-677-DOD-RMSS (1-677-363-3677)

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DIRECT DEPOSIT

FEDERAL WITHHOLDING STATUS: SINGLE TOTAL EXEMPTIONS: 01 FEDERAL INCOME TAX WITHHELD: 34.25

NO SBP ELECTION IS REFLECTED ON YOUR ACCOUNT.

DFAS-CL 7220/148 (REV 03-01)

STEWA

026-40-4232 - 90H STEWART RONALD HAMILTON June 02, 2005

Your brother's Retired Pay was being sent directly to his account via the Direct Deposit system. This Center will recover any Retired Pay sent after the date of death directly from the bank, in accordance with U.S. Treasury Department procedures. Do not send any monies to this Center yourself, unless you are specifically requested to do so at a later time by this Center.

Our records indicate that the following allotments were being deducted from your brother's Retired Pay:

Type of Allotment

1-88419-1473 Payee's Name and Address

Monthly

INSURANCE ALLOTMENT OSGLI

\$35.00

If you have any questions, please call:

1-(800)-321-1080

(only from within the Continental U.S.,

1-(216)-522-5955

including Alaska, Hawaii and Ohio) (from anywhere 7:00 a.m. to 7:30 p.m.

Eastern time)

Or write:

DEFENSE FINANCE AND ACCOUNTING SERVICE US MILITARY RETIREMENT PAY PO BOX 7130 LONDON KY 40742-7130

Sincerely,

Retired and Annuity Pay

Enclosure(s):

- (1) Return Envelope
- (2) Claim for Unpaid Compensation (SF 1174)

CERTIFICATE OF INSURANCE FOR



Filed 09/16/2005 Page 30 of 59 VETERANS GROUP LIFE INSURANCE

RONALD H. STEWART 1505 SUNNYVALE ST #202 AUSTIN, TX 78741-2550

SSN: 026-40-4232 INSURANCE AMOUNT: \$50,000 ISSUE DATE: 07/01/93 EXPIRY DATE: 06/28/98

07/06-A-01427

This Certificate explains in general terms the rights and benefits available to you, as the person insured for the Veterans Group Life Insurance described by this Certificate, under the provisions of a Group Life Insurance policy purchased from a commercial life insurance company by the Department of Veterans Affairs in accordance with the provisions of Subchapter III of Chapter 19, Title 38, United States Code.

The insurance for which you are insured under the Group Policy is term insurance. You cannot assign it to anyone. It builds no cash, loan, paid-up or extended insurance values. You should not look upon it as a substitute for any other insurance you own or contemplate purchasing. Any Servicemen's Group Life Insurance for which you were previously insured under the Group Policy will have terminated prior to the date this insurance takes effect. However, you may retain any other Government or private insurance while insured under the Group Policy. Also, it will not affect your rights to other veterans' benefits.

The Group Policy, which provides the insurance referred to in this Certificate, may be modified or terminated as may be required by any change in the Veterans Group Life Insurance provisions of Subchapter III of Chapter 19, Title 38, United States Code, or for other reasons. Any such modification or termination, however, will not affect adversely any claim arising from death before the modification or termination.

This Certificate summarizes the important provisions of the Group Policy for your information. It is NOT a contract of insurance. Your rights and benefits under the law and the Group Policy at any time are dependent upon the facts in your individual case.

LIFE INSURANCE DEATH BENEFIT

The amount of your life insurance is payable if your death occurs while you are insured, except as provided under

To receive payment of the life insurance, your beneficiary (or survivor) must make claim to the Office of Servicemen's Group life Insurance on the form provided by that Office. Written proof of the claimant's right to payment must be furnished.

If any person otherwise entitled to payment fails to make claim within one year after your death, or if payment to such person within that period is prohibited by Federal statute or reculation, payment may be made in the order of precedence set forth under "Beneficiary", as if such person had died before you.

If, within two years after your death, no claim has been made by any person entitled to payment, payment may be made to a claimant who, in the judgment of the Department of Veterans Affairs, is equitably entitled thereto.

Any person guilty of mutiny, treason, spying, or desertion, or who because of conscientious objections, refused to perform service in the Armed Forces of the United States or refuses to wear the uniform of such force, shall forfeit all rights to the insurance. No insurance shall be payable for death inflicted as a lawful punishment for crime or for military or naval offense, except when inflicted by an enemy of the United States.

IMPORTANT NOTICE

No person may carry a combined amount of Servicemen's Group Life Insurance and Veterans Group Life Insurance in excess of \$200,000 (the maximum amount of insurance allowed under the provisions of Subchapter III of Chapter 19, Title 38, United States Code).

SGLV 204B ED. 12/92

OFFICE OF SERVICEMEN'S GROUP LIFE INSURANCE * 213 WASHINGTON STREET, NEWARK, N.J. 07102-2999

are in my custody, and that the foregoing is a true copy of the return of a death on file in the office of the City Clerk of said Springfield. Witness my hand and the seal of the said City May 25 2005 of Springfield. Attest: P. 04 Sp:SI SONS SI INC 769977617:XE1 וטשא טד שבאו אירבט,

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July 13, 2005

To Whom it May Concern,

My brother Ronald Hamilton Stewart(SS# 026-40-4232) died May 18,2005. Ron designated me as beneficiary on 10-28-2000. Document of that is attached>

Ron was in the Navy for 23 years. Included in this packet are 2 copies of his retiree account statement. 1 copy Nov.7,2001-Dec3,2001 beneficiary information on back of the pay statement for periods Jan 10,2002-Feb. 1,2002. Caren Britt 100%

Since 2004 Defence Finance and According service Clevland Center Box 99191 Cleveland, Ohio has sent me a monthly check from my brothers retiree account until May 18th. The check stopped upon his death.

CarenBritt My home telephone # 413-734-0423

My address is 36. Clayton Drive West Springfild Mass. 01089.

Sincerely,

20.9 כם:כן כנוטג כן להל James G Berrelli Jr, Director of Veterans' Services 26 Central St West Springfield, MA 01089 Fax. 1-413-746-5592

Town of West Springfield



To:	VA Insurance claims claim no. 108	-186-		
	86			
Fax:	1-877-832-4943		12 pages	
Phone	1-800-419-1473			
Re:	Insurance claim for beneficiary	CC:	James G. Berrelli Jr.	u

Please Reply

Here is the information that you requested relating to beneficiary claim to policy for life insurance daim no: 106-186-86. I am the Director of Veterans' Services of West Springfield assisting in this matter. Thank you for your time and consideration in this matter. James G. Berrelli Jr. MED/CAS REHAB . God Bless America

EXHIBIT E

July 22, 2005

JIII 28 2005

Office of Group Members Life Insurance 290 W Mount Pleasant Avenue, Livingston, N J 07039-2747

Re 10618686-Ronald H Stewart, decedent

Certificate Number 7004 25/0 0007 2505 /296

Dear Ms Reis.

Pursuant to the attached beneficiary designation wherein I am named sole beneficiary for the death benefits for Mr Stewart, I am enclosing a copy of the original death certificate as well as the application form number SGLV-8283

I am also sending a copy of the beneficiary form naming me beneficiary, which was the last one on file at the time the decedent passed away Please process my application pursuant to the rules of designation and release the funds to me as outlined in your letter of June 13, 2005 If you have any questions please do not hesitate to notify me at your earliest convenience

Truly Yours,

S Ray DeRusse

817-923-9339 voice and 817-924-7048 fax

S. Ran De Russi

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INSTRUCTIONS TO CLAIMANTS

THIS FORM SHOULD BE USED WHEN THE DECEASED HAD INSURANCE IN FORCE UNDER SERVICEMEMBERS GROUP'LIFE INSURANCE (SGLI) OR VETERANS GROUP LIFE INSURANCE (VGLI)

PAYMENT OF DEATH BENEFITS

Under Servicemembers and Veterans Group Life Insurance death benefit payments must be made in the following other

- . To the beneficiary named in writing by the insured if none the insurance is payable to
- · the widow or widower of the insured if none it is payable to
- child or children in equal shares with the share of any deceased child distributed among the descendants of that thild if none it is payable to
- · parent(s) in equal shares if none it is payable to
- · a duly appointed executor or administrator of the insured's estate, and if none to
- · other next of kin

COMPLETION OF CLAIM FOR DEATH BENEFITS

It is important that all requested information be furnished. Omission or incomplete answers will delay settlement of the information should be typed or printed in ink. except the signature.

ITEM 1	Show full name of the deceased serviceman servicewoman or veteran	
ITEM 2	Show Social Security number of deceased. If the deceased did not have a Social Security number number	show service
ITEM 3	Show date of death of deceased	
ITEMS 4 5 AND 6	Show branch of service duty status on date of death (if known) and date of discharge or separat deceased	on (if known) of
ITEMS 7 8 9 AND 10	Show your full name relationship to deceased your date of birth and Social Security number	

If you were married to the deceased when he/she died but were not named as his/her insurance beneficiary complete Item 11A through 14C as applicable

If you were not married to the deceased when he/she died and were not specifically named as his/her insurance beneficiary complete Part II through 15D Be sure to provide the required information as to the deceased's marital status and any children in Items 15A through 15D give the information about persons indicated in the answers to the preceeding questions. In Part II use a separate signed sheet if necessary

Complete Part III if you were not named as the insurance beneficiary were not married to the deceased at his/her death and are not a parent of the deceased

Part IV must be completed by all claimants

EVIDENCE REQUIRED

If the deceased died while on active duty or while a member of a Reserve or National Guard Unit the Office of Servicemembers Group Life Insurance will be furnished with proof of death by the Uniformed Service In all other situations the claimant must submit a certified copy of the Certificate of Death 100 miles a member of a Reserve or National Guard Unit the Office of Servicemembers Group Life Insurance will be furnished with proof of death by the Uniformed Service In all other situations the claimant must submit a certified copy of the Certificate of Death 100 miles a member of a Reserve or National Guard Unit the Office of Servicemembers Group Life Insurance will be furnished with proof of death by the Uniformed Service In all other situations the claimant must submit a certified copy of the Certificate of Death 100 miles and 1

Members performing duty on a full time basis usually over 30 days and qualified members of the Ready Reserve are insured for 120 days following separation. Members totally disabled at separation may be insured for up to one year following separation as long as total disability continues. If the insured died while covered following separation from service, the claimant must also submit a copy of a report of separation, DD 214.

You will be informed if it becomes necessary to submit other evidence `<

If you need assistance in completing this claim form contact your nearest Department of Veterans Affairs Office

NOTE THE FORM IS NOT TO BE USED FOR NATIONAL SERVICE LIFE INSUPANCE (INSU) Policy Numbers Professed by V H RN RS W J JA and Sign WITTED STATES OCCURRENCE TO BE INSURANCE (INSU) Policy Numbers Professed by V H RN RS W J JA and Sign Witten STATES OF CONTROL AND ADDRESS OF CONT	Case	3.05-07-30197-10	IAP DUCUI	nent 7-2	1 110	ea 09/10	0/2000 1	age 39 (01 09
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(a) Widow or Widower				CONCERNING N	IEXT-OF	KIN OF DEC	EASED		
If none was insured ever marned?	List below the name age	a relationship and address of	(Check	c appropriate plac	es below	ý –			
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(b) If there is no surviving widow or widower list all the children of the deceased Include any adopted child or illegitimate child stating which class it is and list the descendants of any deceased child or children. If none check here	# none was insured	ever marned? Yes 1	No If yes did mar	riage terminate b	y =	_			
is and list the descendants of any deceased child or children if none check here (c) If there are no children or descendants of children isst the surviving parent or parents is father deceased? Yes	(b) If there is no survivin-	g widow or widower list all the	e children of the decea	sed include any	_			which class it	
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NOTE — Complete Items 16 and 17 ONLY if any of the persons listed above are under age 21 6 NAME AND ADDRESS OF GUARDIAN FOR ANY MINOR CHILDREN LISTED ABOVE IF ONE HAS BEEN APPOINTED BY THE COURT (Affech copy of appointment paper issued by court) PART III — INFORMATION CONCERNING THE ESTATE OF THE DECEASED NAME AND ADDRESS OF EXECUTOR OR ADMINISTRATOR IF ANY APPOINTED BY THE COURT TO SETTLE THE ESTATE OF 19 IF AN EXECUTOR OR ADMINISTRATOR HAS NOT BEEN APPOINTED? PART IV — CERTIFICATION BY CLAIMANT HEREBY CERTIFY that all statements made in this claim are true to the best of my knowledge information and belief and that no evidence necessary to a settlement of this claim is suppressed or withheld in the event the insured has not previously elected monthly installments. I request that the death benefit be paid in Check one) One Sum 36 Equal Monthly Installments in Paper Insulance in Court Insulance	Cesceridariis ur decea	ased brothers sisters etc.)		t below the next c	of kin who	o may be car	able of inherling fr	rom the deceas	sed (brothers sisters
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July 14, 2005

Office of Group Members Life Insurance 290 W. Mount Pleasant Avenue, Livingston, N.J. 07039-2747

Re: 10618686.

Fax number 1-877-832-4943

Dear Ms. Reis;

Thank you for speaking with me this morning, I appreciate your time and efforts. In the above referenced matter, and from our conversation this morning it is my understanding that you will be sending to me a copy of a letter sent to Craig Stewart in which you inform him of my status as sole beneficiary.

It is also my understanding that Caren Britt may have information, which places her as beneficiary in 2002. You say you must receive documents from Ms. Britt to ascertain whether there was ever a change in 2002. Please note that my position will be that a beneficiary change filed after the decent died is not sufficient to perfect a legal beneficiary change.

If these documents were filed in 2002 or 2003, several years ago, we find it highly unusual and suspect that VGLI would not have a record of this change and removed the last designation and replaced it with a newer one. Therefore it is not credible to believe that VGLI must obtain a copy from the beneficiary rather than the insured. If the insurer plans to make a belated, unauthorized, and illegal change then I want to formally request you place the funds in an account to be held by the court for a judicial review.

If you have any questions please do not hesitate to let me know at your earliest convenience.

Truly Yours,

S. Ray DeRusse

817-923-8339 voice and 817-924-7048 fax

S. Kay Deknose

July 10, 2005

Office of Group Members Life Insurance 290 W. Mount Pleasant Avenue, Livingston, N.J. 07039-2747

re: 10618686 fax number 1-877-832-4943

Dear Ms. Reis,

Pursuant to your letter of June 13, 2005, regarding my beneficiary designation, I am in the process of obtaining a death certificate for Ronald H. Stewart, I am, however, unsure of whether or not the certificate is available. The state of Massachusetts uses a company called US Certs. They tell me it takes about 90 days from the date of death for them to obtain from the state a valid certificate. They also tell me that the cost is the same whether or not a certificate is available. In other words they charge just for the search but tell me I should wait a reasonable amount of time to make sure it is there. I therefore, will wait until I can be reasonably sure it is available which means it may take until the end of July. I will order one on July 12, and if it is available I can have it sent directly to you if necessary. Until then I am partially perfecting the claim by filling out and faxing to you a copy of the form SGLV 8283. I will send all signed originals when the certificate is received.

I sent a letter to Caren Britt, Ron's sister, which she received on July 08, 2005. I have also spoken with her on two occasions recently. She called me on Saturday July 09, and was vague and unclear as to whether or not she has a copy of the death certificate. If you have any questions please do not hesitate to let me know at your earliest convenience

Cordially,

S. Ray Dellusse

817-924-7048 fax 817-923-9339 voice srd@ispwest.com FROM: Case 3:05-cv-30197-MAP Document 7-2 Filed 09/16/2005 Page 43 of 59 FHONE NO.: 8179247048

FOR OEGLI USE ONLY	CLAIM FOR DEATH BENEFITS (Servicemembers' Group Life Insurance) (Veterans' Group Life Insurance)					OFFICE 290 We	RETURN COMPLETED FORM TO: OFFICE OF SERVICEMEMBERS' GROUP LIFE INSURANCE 250 West Mount Pleasant Avenue Livingston, New Jersey 07039-2747				
NOTE: THIS FORM IS	NOT TO BE USED FOR NATION ERNMENT LIFE INSURANCE (US	VAL SERVI	ICE LIFE INS	SURANCE (Numbers	Prefixed by \	V, H, RH, R	S. W, J, JA s	and JS or	
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(a) Widow or Widower,					٦	Death	Give D	ista			
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Rose Andriola OSGLI

Phone Number: 973-548-6636 Fax Number: 1-877-832-4943

Friday July 1, 2005 04:13 PM

To Maria Reis/GLDI/INST/Prudential@Prudential

CC:

Subject: In reference to Ronal H. Stewart, claim number

10618686

---- Forwarded by Rose Andriola/GLDI/INST/Prudential on 07/01/2005 04:13 PM ----

"S. Ray DeRusse" <srd@ispwest.com>

To. osgli.daims@prudential.com

Friday July 1, 2005 03 53 PM

Please respond to srd

Subject: In reference to Ronal H. Stewart, claim number 10618686

Dear Ms. Reis;

Would you please fax or email to me the letter from Craig Stewart you referenced in your fist communication with me, dated June 13, 2005. That letter was not found in the materials as an attachment. Also please include any other notes, letters, emails, or materials submitted by Craig or anyone pertinent and relevant to this claim. PLease include any material which is not considered a privileged communication. If you have any questions please do not hesitate to call me at \$17-923-9339.

Truly Yours,

S. Ray DeRusse fax # 817-924-7048 June 30, 2005

Office of Group Members Life Insurance 290 W Mount Pleasant Avenue, Livingston, N.J. 07039-2747

re: 10618686

fax number 1-877-832-4943

Dear Ms. Reis;

I send this letter you in the form of a brief statement. I have known for sometime that Ron was struggling with prostate cancer although I thought he was cured as he indicated. I also know how his family including Craig Stewart, may feel with respect to these insurance proceeds. However, that aside so that they may not conjure up feelings of false hope, and so others who are uninformed may not be falsely encouraging them, let them know through your in house counsel that life insurance proceeds are treated separately from other property by the operation of the law within the probate courts. In addition since this operation derives from state law, it falls under a contractual obligation by the insurer, the insured, and the beneficiary with no other parties considered.

The courts are generally reluctant to intervene because it means they have to revisit a well worn established path to contract law and look for defective language in a contract and disturb statutory law to do so. They will also question why the drafters are not defending their contract. Finally, disturbing the contract on the basis of what a decedent intended to do but did not do themselves given every opportunity to do so, would open the flood gates to challenging all manner of contracts by those seeking to unjustly enrich themselves. The courts are very clear on this and if you can relay this information to Craig it would be greatly appreciated. Incidentally this note is not intended to be mean spirited or confrontational, it's just that I have experience in this area so I know what I am speaking of. If you have any questions please do not hesitate to let me know at your earliest convenience.

Cordially,

S. Ray DeRusse* 817-924-7048 fax

Kanlellon

817-923-9339 voice

June 29, 2005

Office of Group Members Life Insurance

290 W. Mount Pleasant Avenue, Livingston, N.J. 07039-2747

re: 10618686 by email, osgli.claims@prudential.com and fax number 1-877-832-4943

Dear Ms, Reis

Pursuant to the above referenced claim, you may distribute the amounts in life insurance per the insured Ronald H. Stewart wishes. I understand that he made me beneficiary of his claim policy and wish that those amounts be forwarded to me per his instructions. Further you may invoke ITEM A (Lump sum) in the claims procedure and I will handle the matter from that point forward, Mr. Stewart and I had named each other beneficiaries as business partners in Austin Texas, and I understand that he wished to maintain that relationship beyond our partnership dissolution which amounted to closing of our art gallery.

As far as Craig Stewart claiming the proceeds for Ronald Stewart. The elder Ronald Stewart and I planned on leaving Craig certain property however when he was dishonorably discharged from the military for excessive alcoholism, and conduct unbecoming, we decided to remove him as our beneficiary.

in any case please forward the amounts indicated into the Prudential account and process the account per Mr. Stewart's wishes. I will fax to you the completed form number SGLV 8283. If you have any questions please do not hesitate to contact me at the listed number below.

S. Ray DeRusse (Salathiel DeRusse)

2917 Lipscomb St. Fort Worth, Texas 76110

817-924-7048 fax 817-923-9339 voice EXHIBIT F

First Notice Of Death (FNOD)

		106/8	2686
CALLER & INSURED INFORMATION	Septiments	3	ar l
Fill in all requested information below, otherwise request	cannot be processed.		
Call Information			
Date of Call:	05/23/2005	•	-
Caller's Name	Robert Britt		
Caller's Relationship to Insured:	CAREN BRITT SISTE	R HUSBAND (CALLING FO
Daytime Telephone Number:	413-734-0423		
Fax Number (if any)			
Insured's Information	•		-
Insured's First Name:	Ronald	· - · -	
Insured's Last Name:	STEWART		
Insured's Date of Death:	05/18/2005	•	-
Insured's Social Security Number:	026-40-4232	•	
What was the cause of death?			
HEART ATTACK			
CLAIMANT INFORMATION		= Seattaine	$\gamma i \phi$
If the Claimant is the same person as the Caller, check the if the form is to be mailed to the claimant: - at the address of record: check the appropriate box and - at an altername address or faxed: check the appropriate Caller listed above is Claimant	fill in the recipient's pame and ob	one number	fields <u>only.</u>
Send form to address of record			
Send form to alternate address			
Send form to Claimant as follows:			
Name:	Caren Britt		-
Street Address:	36 CLAYTON DRIVE		
City, State, Zip Code+4	WEST SPRINGFIELD	MA 01089	
Claimant's Relationship to Insured	SISTER		
Fax Number (if any):			-
ADDITIONAL INFORMATION	,		
If there is more than one claimant requesting a form, type	the additional information in the s	section below.	
Enter freeform comments here:			
Form Completed By Shawna Kohn	FNOD Package Sent		

05/23/2005

Ву

10:10:38 AM

